

ATTORNEYS DOCKET NO.

TI-31012

**DECLARATION AND POWER OF ATTORNEY NOT ACCOMPANYING APPLICATION**

As a below named inventor, I declare that my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor if only one name is listed below, or an original, first and joint inventor if plural inventors are named below, of the subject matter which is claimed and for which a patent is sought on the invention entitled as set forth below, which is and claimed in U. S. Patent Application Serial No. 09/868,116 filed on 05/15/2001; that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration; and that I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, section 1.56;

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

TITLE OF INVENTION: METHODS FOR DATA PACKET ACQUISITION USING SPLIT PREAMBLE		
POWER OF ATTORNEY: I HEREBY APPOINT THE FOLLOWING ATTORNEYS TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH		
PRACTITIONERS AT CUSTOMER NUMBER 023494		
SEND CORRESPONDENCE TO: 023494 Texas Instruments Incorporated P. O. Box 655474, M.S. 3999 Dallas, Texas 75265		DIRECT TELEPHONE CALLS TO: Warren L. Franz (972) 917-5271
NAME OF INVENTOR: (1) Ofir Shalvi	NAME OF INVENTOR: (2) Daniel Wajocer	NAME OF INVENTOR: (3)
RESIDENCE (City and State Only) Herzlia, Israel	RESIDENCE (City and State Only) Moshav Beit-Ychoshua, Israel	RESIDENCE (City and State Only)
Post Office Address 19 Tabankin Street Herzlia 46766, Israel	Post Office Address 15 Harimon St. P. O. Box 3129 Moshav Beit-Yehoshua 40591, Israel	Post Office Address
COUNTRY OF CITIZENSHIP: Israel	COUNTRY OF CITIZENSHIP: Israel	COUNTRY OF CITIZENSHIP:
SIGNATURE OF INVENTOR: 	SIGNATURE OF INVENTOR:	SIGNATURE OF INVENTOR:
DATE: Nov. 8, 2003	DATE:	DATE:

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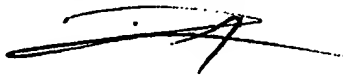
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<b>COUNTRY OF CITIZENSHIP:</b> Israel	<b>COUNTRY OF CITIZENSHIP:</b> Israel	<b>COUNTRY OF CITIZENSHIP:</b>
<b>SIGNATURE OF INVENTOR:</b>	<b>SIGNATURE OF INVENTOR:</b> 	<b>SIGNATURE OF INVENTOR:</b>
<b>DATE:</b>	<b>DATE:</b> <sup>mm</sup> <sup>dd</sup> 11/08/2003	<b>DATE:</b>

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